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Form 1449/PTO	COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	Application Number	10/584,434
	Filing Date	September 7, 2007
	First Named Inventor	Shelton et al.
	Art Unit	2812
	Examiner Name	N/A----- GHYKA
Sheet 1 of 1	Attorney Docket No.	GLOZ 200202

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Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
	AU		
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	AW		

/Alexander Ghyka/ (09/28/2009)

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Examiner Signature	ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH	Date Considered	/A.G./
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